

MI70000003330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

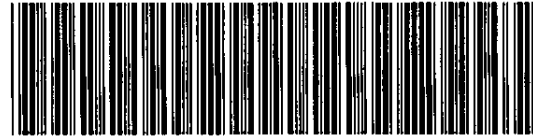
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700297895457

04/18/17--01019--007 **130.00

FILED

17 APR 18 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

APR 19 2017

3080 Tamiami Trail East
Naples, Florida 34112
Phone: (239) 649-4900
Fax: (239) 649-0823
Toll-Free: (866) 649-4900
Internet: www.swflalaw.com



Richard M. Treiser
Thomas A. Collins, II ■
Christopher J. Cona
Robert A. DeMarco *
Bradley S. Donnelly ♣
Christopher J. Thornton
Mary A. Fowler
Valerie K. Downing

Richard A. Shapack ♦
Of - Counsel

April 17, 2017

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: ITEC Consultants, LLC

To Whom It May Concern:

Accompanying please find the following:

1. Cover Letter;
2. Check to Department of State for \$130.00 for filing fees;
3. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida
4. Copy of New Jersey Certificate of Good Standing

Please return confirmation of this filing to our office.

Please call if you have any questions regarding the enclosed.

Sincerely,

Deborah Needles

Legal Assistant to Christopher J. Cona, Esq. and Thomas A. Collins, Esq.

For the Firm

e-mail: dneedles@swflalaw.com

Enclosure

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ITEC CONSULTANTS LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

CHRIS CONA
Name of Person

TREISER COLLINS
Firm/Company

3080 TAMiami TRAIL E.
Address

NAPLES, FLA 34112
City/State and Zip Code

BROSS@ITECCONSULTANTS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRIS CONA at (239) 649-4900
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ITEC CONSULTANTS LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")
2. New Jersey
(Jurisdiction under the law of which foreign limited liability company is organized)
3. N/A
(FEL number, if applicable)
4. N/A - No Business Transacted yet
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 2500 Airport Road
(Street Address of Principal Office)
Suite 215
Naples, Fla 34112
6. 2500 Airport Rd
(Mailing Address)
Suite 215
Naples, Fla 34112
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Robert Ross
- Office Address: 2500 Airport Rd, #215
Naples, Fla, Florida 34112
(City) (Zip code)

FILED

17 APR 18 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Authorized Member	Robert Ross 2500 Airport Rd #215 Naples, Fla 34112		
Authorized Member	Robert Smith 2500 Airport Rd #215 Naples, Fla 34112		

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Signature of an authorized person

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signer

CHRIS CONA, FBN 0141178

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

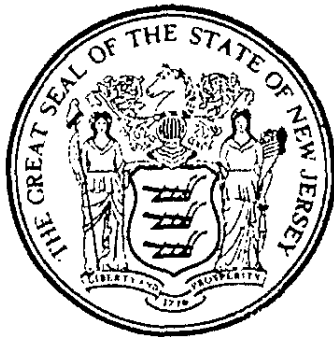
ITEC CONSULTANTS, LLC
0400425098

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on June 21, 2011.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

ITEC CONSULTANTS LLC
101 PARK AVE
UNION BEACH, NJ 07735



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
4th day of April, 2017*

Ford M. Scudder

Ford M. Scudder
Acting State Treasurer

Certificate Number : 6078831785

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/ISP/Verify_Cert.jsp